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Bib Data Sheet

CONFIRMATION NO. 3051

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| SERIAL NUMBER 09/808,144 | FILING DATE 03/15/2001 RULE | CLASS 705 | GROUP ART UNIT 2166 | ATTORNEY DOCKET NO. 18633 . 00 |
| APPLICANTS Emilie Sparks, Montgomery Village, MD; ** CONTINUING DATA ***** <i>NA</i> THIS APPLN CLAIMS BENEFIT OF 60/195,202 04/07/2000 ** FOREIGN APPLICATIONS ***** <i>NG</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/23/2001 ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials | | STATE OR COUNTRY MD | SHEETS DRAWING 5 | TOTAL CLAIMS 20 |
| | | | INDEPENDENT CLAIMS 3 | |
| ADDRESS Richard C. Litman LITMAN LAW OFFICES, LTD. P . O . Box 15035 Arlington , VA 22215 | | | | |
| TITLE Multi-user distribution system and center for diagnosis-related educational information and home medical tests and devices | | | | |
| FILING FEE RECEIVED 355 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |